

4. To whom did you disclose information regarding this information? Give the name, title and telephone number of the person you contacted. (For example: "Jane Doe, state legislator", "John Forest, my supervisor", etc.) Give the date of each action. What exactly did you say?	
5. Describe the threat or the employment action(s) your employer took because of what you did (For example: terminated me, disciplined me, demoted me, reduced my hours, etc.) If your employer took more than four employment actions, please describe on a separate sheet of paper and attach to this form.	
a. First employment action:	
Date taken:	
b. Second employment action:	
Date taken:	
c. Third employment action:	
Date taken:	
d. Fourth employment action:	
Date taken:	
7. Certification And Signature By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.	
Signature of complainant or authorized representative	Date signed

Mail your completed and signed complaint to one of the following offices:

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E. Washington Ave., Room A300
 P O Box 8928
 Madison, WI 53708
 Telephone: (608) 266-6860
 FAX: (608) 267-4592
 TTY: (608) 264-8752

819 North 6th Street
 Room 255
 Milwaukee, WI 53203
 Telephone: (414) 227-4384
 FAX: (414) 227-4084
 TTY: (414) 227-4081

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

First Name	Middle Name	Last Name
Today's Date	Your Date of Birth (requested for identification purposes) (Month/day/year)	
Availability/Contact Information (Important! You must notify the Equal Rights Division if you change your address or telephone number. If we are unable to locate you, your complaint may be dismissed.)		
Is there a telephone number where you can be reached between 7:45 a.m. and 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the area code and number ()		
Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:		
Name of contact person	Relationship to you	
Address	Telephone Number ()	
Settlement Information		
Complete this section if you were (or still are) employed by Respondent:		
When were you hired?	What is/was your job title?	
Are you still employed by the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complete this section if you are no longer employed by the respondent:		
How did your employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input type="checkbox"/> Other		
The date your employment ended	Rate of pay at termination	Hours worked weekly
If you were not promoted, what was the title of the position you applied for?		
Rate of pay	Hours per week	
At this time, what are you seeking to settle your complaint?		

You will have an opportunity to provide more information during the investigation

Statistical Information: Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female Race (check appropriate box or boxes):			National Origin or Ethnic background (check one):
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Arab, Afghani or Middle Eastern	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	